

## Little Traverse Bay Bands of Odawa Indians Enrollment Office 7500 Odawa Circle Harbor Springs, MI 49740 (231) 242-1520 ■ (231) 242-1521



## ADDRESS VERIFICATION FORM LEGALLY INCOMPETENT ADULT

- Legal Guardian must complete this original form AND have it **notarized.**
- Must provide proof of guardianship.
- This form must be completed every year.
- This Form must be returned with the original signature. No photocopies or faxes of the original signature accepted.
- DO NOT SEPARATE (White & Yellow Form). \*If you print from the internet, you only need to send in one form.

am a Legal Guardian of:				
Date of Birth:	LTBB Citizenship#:	S	Social Security#:	
			lude the Physical Address.	
Mailing Address:				
City:		State:	Zip Code:	
County of Residence:				
Physical Address:				
City:		State:	Zip Code:	
County of Residence:		Township:	Zip Code:	
the guardian and incompete	nt current address(es) prior to	the aforementioned d		
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If the LTBB Enrollment Of address on file in the Enroll  Print Legal Guardian Name  Signature of Legal Guardian  Acknowledged before me in on	nt current address(es) prior to fice does not receive notificat ment Office.  NOTAL  (month/day), 20  ture (AND) Printed Name	Print Full Name of Ad  Date  RY PUBLIC County, So	dult (First, Middle, Last)  tate of  (Legal Guardian Name)	